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R. O. COWLING, A. M., M. D., and L. P. YANDELL, M. D.
EDITORS.

PHYSICIANS AND THE PHARMACOPÆIA.

Now that physician and pharmacist are harmoniously striving to render the next revision of the Pharmacopœia worthy of their united labors, the tide of discussion has entirely changed from the drift of a year or more ago. It is no longer a dispute as to paternity, or a mooted question whether, in the event of two bantlings being born into the Pharmacopœia family, the whole pharmaco-medical world will be agitated with the discussion of the legitimacy of the one or the illegitimacy of the other. Such a result would have been inevitable if some conclusion had not been reached during last year; for the question of property would have constantly risen to the surface, and submerged the greatly more important considerations of quality and accuracy of details. Whatever conflicting views may have been entertained as to the qualifications of the engineers who were to keep the machinery of revision in proper running order, or as to the minutiae of construction of the machinery itself, it must be confessed that general satisfaction is expressed that by the settlement of the questions in dispute, in one way or another, the path is now open for a full and frank discussion by physicians and pharmacists, separately and in conference, of all the points affecting the interests of both classes. Any approach to perfection in this work is naturally dependent on the mutual co-operation of the members of both professions in its decennial revision. The medical man expects to make but few

suggestions as to details of quantities, methods of manipulation, etc. Unless he has been educated in the schools of pharmacy, or has enjoyed a more familiar experience with the handling of drugs than falls to the lot of most physicians, the average practitioner in the cities of this country is incompetent to dictate or suggest such refinements and delicacies of manipulation as will insure the most satisfactory formulæ for the preparation of the various officinal classes of tinctures, solutions, pills, etc. recognized in the Pharmacopœia. The physician's duty is rather of an advisory character. He must be the guide to the pharmacist as to the desirability of expanding or diminishing the volume of that work, and must indicate to him what remedies are worthy of a first introduction into its pages. There seems to be a spirit abroad looking to a too liberal enlargement of the Pharmacopœia by the addition to it of almost all the new articles of reputed medicinal virtue which have graced the columns of the medical journals since the last revision. Their name is legion, and their claims are based on the testimony of a thousand intelligent witnesses, although the popularity of some of them has been of a very ephemeral character. Why overload it with this mass of undigested material?

In regard to the introduction of doses into the Pharmacopœia, the druggist seems to be more favorably inclined to this innovation than the physician. He believes that the adoption of an officinal dose by a standard framed by the representative men of medicine and pharmacy will not only be a guide to him in the dispensation of medicines, and a check to the hyperpharmacal

exploits of occasional bold and over-venturesome prescribers, but will also protect him in difficulties that may arise in case accident should bring both of them into medico-legal antagonism. He fails to look at the subject from the same point of view as the physician. In the first place, for all intents and purposes the doses mentioned in the Dispensatory and other accessible sources of information should be sufficient for him. If he is not himself a habitual prescriber, he needs no greater exactness than is there furnished, so far as doses in general are concerned; although it would be to the advantage of every one interested if, as has been recently suggested, a table of active or dangerous remedies should be introduced containing such doses as should not be exceeded without the addition of a caution-mark to show that the prescriber was fully aware that he was transgressing the ordinary limits. The chief difficulty about inserting a complete posological table in the Pharmacopeia appears to be that it would be recognized in courts of law as the inflexible standard of doses; for would it not be framed by the chosen authorities of the medical and pharmaceutical professions? How easy would conviction be, under such circumstances, of any hapless wight who prescribed even the most harmless remedies in slight excess of the authoritative mandate of the Pharmacopœia? Neither judge nor jury would go behind such a record, and many a tricky vender of drugs or ignorant medical pretender would throw the weight of his testimony against the most careful and judicious members of the profession thus falsely placed under public condemnation.

THE TREATMENT OF YELLOW FEVER.

The cold weather has now, or soon will, put a stop to the scourge that for months has raged in the South. More than twelve thousand deaths have been officially recorded, and there is little doubt that a large addition to this sad list could be made if all

who have died in the cities and in their suburbs and in the rural districts were reported. When the yellow fever has certainly passed away for the season, we shall have something to say concerning its behavior in Louisville, and something to say as to what we should do with it next year if it returns. We hope for much valuable knowledge from the yellow-fever commission appointed by the government. Bemiss, Cochran, and Howard are excellent men, well and favorably known to the profession of America. We hope for much useful practical information from Choppin and Stone, of New Orleans, and from Mitchell, Erskine, Saunders, and Rogers, of Memphis, and from many other true and learned professional brethren in other stricken cities.* Already we have given to our readers Prof. Marvin's valuable paper on the pathological and microscopical features of yellow fever as observed at the Louisville Yellow Fever Hospital. Dr. Blackburn and Dr. Johnson, we trust, will tell us something of the treatment of the disease in Hickman. Dr. Bemiss's letter in a late number of the News gave his treatment. We append to this the treatment advised by Dr. Mitchell, of Memphis. During Dr. M.'s brief sojourn in Louisville, some days since, we interviewed him. He replied: "I will tell you the treatment that I think best, and I am in favor of a judicious quarantine; but as to infection, contagion, and the other matters, I can make no reply now. I've had no time to *think*. You have no idea of the labors entailed on a physician during an epidemic, unless you have been through one. When I get time to think I shall give my experience to the profession."

DR. R. W. MITCHELL'S TREATMENT OF YELLOW FEVER.

Empty the stomach of the patient if a meal has been taken within the four hours before the invasion of the disease. Commence treatment by giving ten or twelve

*We mention only our personal acquaintances as they occur to us in writing. There are scores and hundreds of other good men in the poisoned lands who doubtless will furnish the profession the benefit of their experience.

grains of calomel, followed in six hours after by a dose of oil. Re-action is established by a mustard foot-bath. Perspiration is to be kept up for twelve or sixteen hours. If the temperature ranges above 102° , sponge with cold water and whisky (equal parts), from head to foot, for forty minutes; then rest thirty minutes. This should be kept up until the temperature is brought down to 101° ; and if the patient is restless, keep up the sponging with tepid water and whisky after the fever has entirely subsided. This, in my opinion, is the only measure to secure quiet rest and sleep. Give two ten-grain doses of quinine within the first twenty-four hours. As a diaphoretic and diuretic, use bicarbonate of potash, chlorate of potash, and sweet spirits of niter.

For the first forty-eight hours use tincture of gelseminum. If after the subsidence of the fever there should be a rise of temperature at night, give quinine freely the day following. Repeat this each day as long as the temperature rises at night.

After the first twenty-four hours of illness there must be absolute quiet of body and mind for the next five days. I do not permit any one to go in the sick-room but myself and nurse; in fact, the world closes upon the patient until I turn him loose; he sees nothing, hears nothing, and remains perfectly quiet in bed.

The use of the bed-pan is essential to recovery. When the fever subsides give the blandest articles of diet, such as milk, lime-water, and rice-water, followed by chicken-broth; no solid food to be taken for ten days.

I do not permit my patient to sit up in bed until the ninth or tenth day.

Give small quantities of ice and draughts of ice-water or any cold teas at short intervals and in small quantities.

Irritability of the stomach that comes on with the invasion of the disease will usually subside within twelve or eighteen hours without any treatment addressed to that particular symptom. If it appears later, I use sinapisms or blistering ointment to slight

vesication. Creosote, in small doses, I use sometimes with decided advantage.

After the subsidence of the fever, and during the stage of prostration, I use stimulants very cautiously, and prefer milk-punch in small quantities. During the sixth, seventh, and eighth days, or during convalescence, I prefer the malt liquors, such as ale and porter. Champagne I never use. My experience is that it is decidedly injurious to the patient.

Original.

OPERATION FOR RADICAL CURE OF RIGHT REDUCIBLE INGUINAL HERNIA.

BY M. KEMPF, M.D.*

In the fall of 1874 Mr. J. Striegel came to Ferdinand to consult me about his son Andrew, a stout lad, aged eighteen years, who was afflicted with a small right inguinal hernia. He had been wearing various kinds of trusses, but they were of little benefit to him. The father asked me whether there was any other mode for relieving his son than the truss.

Examining the patient, I found the hernia quite insignificant in size, and easily reducible. The protrusion consisted of a part of the small intestine; the internal abdominal ring was but little enlarged. I told the father that there was some hope of relieving his son if he would submit to an operation, but that this was connected with considerable danger.

Having several cases of erysipelas under my treatment, I advised Mr. S. to return home with his son, encouraging the latter to wear a celluloid truss, remarking that if he would, in all probability no operation would be required.

In May, 1875, Mr. S. again called on me with his son, this time determined that he should be operated on. The neuralgic pain at the seat of the hernia, and the mental depression of the boy, induced me to comply

* Taken from his notes by Dr. J. E. Kempf.

with the patient's emphatic demand and his father's request.

Drs. Knapp, McMahon, and Younger met me in consultation. Upon examination we found that only a great deal of straining and coughing of the patient would protrude the intestine. After mature deliberation, the consulting physicians and myself advised a postponement of the operation, hoping that the wearing of a truss some time longer would effect a cure. But the patient told us he would not wear a truss any longer, on account of the severe neuralgic pain it caused, and his father informed us that for the last two or three months he could not induce him to do it.

Believing that small hernias, when strangulated, are liable to assume more quickly a dangerous character than larger ones;* being also aware of the distance—twelve or eighteen miles—to a competent surgeon, and the consequent danger of the delay of appropriate aid if strangulation occurred in the boy's case, I reluctantly consented to operate.

Having demanded of the father and son a promise of all exculpation in case of a fatal issue of the operation, or if it should not succeed in the desired effect, and having obtained the assurance that I would not be held responsible for any serious consequence that might result, I, with the assistance of Drs. K., M., and Y., performed the following operation thus:

The patient being duly prepared—he having taken a laxative in the morning, and his bowels having been washed with an enema of warm water—and fully under the influence of chloroform, an incision was made down to the internal abdominal ring, extending along the inguinal canal to the extent of about three inches. Having exposed the transversalis fascia, and having ascertained the situation of the two pillars of the inguinal canal, three sutures, fully ten inches in length, were introduced into the wound, thus: Each end of each suture

was inserted upon its appropriate side beneath the pillars* of the inguinal canal, and brought out through the integument about half an inch from the border of the wound. The loops of the sutures were then drawn above the upper angle of the wound, so that the same was free of all impediment, in order that the plug which should prevent the return of the hernia might be inserted. On the proper mode of applying these sutures mainly depends the success of the operation.

The plug, or flap, was dissected up from the inner side of the thigh, below Poupart's ligament. It consisted of the entire thickness of the integument, being about four inches in length and an inch and a quarter in breadth; its internal surface being covered by fascia lata, and its external surface denuded of its cuticle. The flap was twisted and pushed into the internal abdominal ring, carrying the transversalis fascia before it, and molded into the wound; the fascia lata of the flap being in contact with the transversalis fascia and its denuded surface looking directly outward. The sutures were now drawn to their places; their central parts acted as compresses, while their ends acted as sutures; that is, they held the edges of the wound together. A stitch in the lower angle of the wound held the plug *in situ*. The sutures were then tied, bringing the lips of the wound in perfect apposition. A graduated compress and a figure-of-eight bandage completed the operation. A full dose of morphine was given to ease the patient, and this was to be given whenever necessary.

Nothing untoward occurred till the third day, when considerable inflammatory fever set in, and the wound became erysipelatous. Large doses of mur. tinct. iron and quinine in moderate doses had the desired effect. The suture which was inserted to keep the plug in situation, I think, was principally the cause of the mischief, as it strangulated that portion of the plug which it included.

*Speaking of the natural anatomy of the parts, this would not be strictly correct; yet, after the incision was made through the intercolumnar fibers down to the transversalis fascia, I think the expression allowable.

*Several instances occurred in my practice confirming this belief.

This stitch and the suture nearest to it having been removed, considerable pus escaped from the lower part of the wound, which was cleansed with a weak solution of carbolic acid, and a slippery-elm tent was inserted to keep open a drain. On the fourth day the second suture was removed, and on the fifth the last suture. A short time after removal of the last suture the parts again assumed a healthy appearance. The greater part of the plug united with the surrounding parts by first intention, and the other healed by granulation. I deemed it prudent not to sever the pedicle of the flap for some time, as I was in hopes that it would aid in the developing of the flap into a firm fibrous cord, to guard the inguinal canal against a return of the hernia. In this I was not disappointed; and when its connections were severed, about four weeks after the operation, I found it a dense fibrous cord fully as thick as a middle finger.

It is now four years since the operation, and the patient experiences no more trouble in his right inguinal region.

Although Prof. Erichsen discountenances all surgical interferences in similar cases, yet I think under such circumstances as I was placed a surgeon is justified to operate. I know some will, however, censure me for performing the operation when there was apparently no urgency, the patient being in a fair way of getting well. To justify myself I give the following answer:

First, the case would not have gotten well without the wearing of a truss; this the patient refused to do. Secondly, the operation was demanded by both father and son, who were determined to seek some one who would operate if I refused. And thirdly, such small, insignificant hernias, when no truss is worn, are more apt to become strangulated than larger ones, and assume more rapidly a dangerous character.

[Should any one not understand the steps of this operation thoroughly, I will be glad to furnish him with pictures to illustrate the case.]

FERDINAND, IND.

THE QUARANTINE OF YELLOW FEVER.

BY J. S. WEATHERLY, M. D.

In one of the Montgomery papers of a late date a lot of anti-quarantine resolutions from the South Carolina Medical Society was published. Their tone and substance astonished me greatly, as they are not in accord with the prevailing opinions of the thinking and reading medical men of the day, and the South Carolina doctors have been held to be the peers of any body of medical men in the land.

The treatment of yellow fever has certainly not improved as much as could be desired, but no one can deny that much progress has been made within the last few years in the study of its etiology and habits. Many facts have been accumulated proving beyond doubt that it is a *portable* poison; in other words, that the yellow-fever germ is particulate, and can be carried from place to place in a variety of ways. The people have probably led the doctors in this matter, and as a consequence they clamor for strict quarantine when threatened with a visitation from this much-to-be-dreaded disease.

The first of these South Carolina resolutions is in condemnation of all attempts at inland quarantine. Why inland towns should not protect themselves from certain destruction, if possible to do so, no reason is given, except on the score of humanity—and the humanity is placed upon the wrong side. One proven fact stands out against a multitude of unproven theories. The facts are that the towns and cities that have instituted rigid quarantine have escaped the pestilence, while those where refugees from infected points have taken up their abode are suffering from this fearful disease.

The second resolution is vague and broad. That people in the track of this epidemic are panic-stricken may be true; it would be strange if it were not true. It might have saved hundreds of now desolate households if they had become panic-stricken early enough to have saved themselves by flight or quarantine. Is there any thing wonder-

ful in people becoming alarmed when an unseen enemy steals upon them, killing one half, two thirds, aye, in some places three fourths of the victims attacked?

Men may march to battle, cheered by the music of fife and drum, meeting death without fear or thought; but when the monster meets them in an invisible form, striking them down without warning, giving them no chance to strike back, fear must take possession of them; nothing but stolidity could prevent it.

As to the inhumanity of inland quarantine, I must say that humanity, like charity, should begin at home.

It might look inhuman, at the first glance, for a town to refuse a sick person entrance within its walls; but if that person is charged with the seeds of an infectious disease, it would be inhuman to allow such person to enter a town, and infect hundreds of others with a deadly disease. It would be better to let the poor wanderer lie down and die, with only the blue sky above, than to allow thousands of good people to become poisoned by coming in contact with such infected person.

Now, let us inquire what are the most generally received views as to the origin and propagation of yellow fever. According to my understanding of the most recent teachings on this subject by men who have studied the disease at the bedside, and are not theorists, is—

1. That yellow fever is not a native of the United States; that it is exotic; that there are certain localities in this country where, if the germs of yellow fever are carried, they multiply and grow with a wonderful rapidity.

2. That these germs are portable, and can be carried from place to place, either in persons themselves, in railroad-cars, ships, boats, etc., and in fomites of various kinds. This being the case, common sense would suggest strict quarantine in all places where the germs would be likely to grow.

Few physicians of the Southwest believe that it ever originates in the United States.

Even in New Orleans the almost universal opinion is on the side of importation; some believing, however, that the germs may live through a mild winter, and be revived by the heat of the following summer. In Mobile and Pensacola the opinion is almost unanimous in favor of its importation.

It is a peculiar germ, and requires peculiar surroundings for its incubation and propagation. They grow and multiply best in a filthy soil, but we have yet to see proof that any amount of filth in this country will produce the yellow-fever germ. Charleston, I believe, is the only place in the United States that claims to be able to produce this terrible pestilence without the introduction of the germ from abroad. If Charleston wishes this honor, let her have it by all means.

Now a few facts in regard to the present epidemic as bearing on the quarantine question. New Orleans is undoubtedly responsible for this epidemic. We first hear of it there in July, and very soon after hearing of the first cases we hear of New Orleans refugees going in all directions. Some places immediately institute quarantine against that unfortunate city; others invite the refugees to accept of their hospitality. Very soon we hear of New Orleans refugees sickening and dying in various places that they have gone to. In a few days after we hear of an epidemic of yellow fever in these places, and always that the citizens first attacked were either in contact with the refugees or in the immediate neighborhood. Holly Springs, a beautiful and healthy village, invites refugees from infected districts. Now we hear of an epidemic of yellow fever there, and that the citizens are refugees themselves—at least those who are not sick. Mobile, Meridian, Selma, and Montgomery on this side, Galveston and Shreveport on the other side—all in the yellow-fever zone—quarantined strictly, and thus far these places have escaped. It may be inhuman, but it would be hard to convince the people of these places of the fact.

It is useless for some places to quarantine,

for this germ, like other tropical plants, can not live every where. It has to have peculiar surroundings, or it can not be propagated at all. There are plenty of towns and cities in the United States where the germs could not live if carried there. It would be useless for those places to quarantine. On the other hand, many other places only need the germ to be brought to them for the development of the disease.

Now, if by close observation it can be determined what places are liable and what are not, much of the hardship of inland quarantine will be removed; for refugees could go direct to those places that are not liable to infection. If our seaport cities do not keep yellow fever out, then of course the interior towns must protect themselves; and to do so effectually every person, and every other thing likely to hold a living germ, must be rigidly excluded.

People who have to look upon their loved ones passing away like autumn-leaves falling in the forest must be excused if they can see no inhumanity in quarantine.

The general government should be empowered to take charge of all quarantine regulations for our ports. If congressmen had listened to common sense and reason last session, and passed the quarantine bill as originally introduced, this fearful visitation might in all probability have been avoided. But the effete idea of state-rights so hampered their actions as to defeat the bill, and the people have the dear right left them of having yellow fever *ad libitum*.

I am of opinion that yellow fever should never become epidemic in this country; but it must be kept out of our coast cities, and the general government is the only agency having means and power sufficient to do this with certainty. General Butler, if he never does any other good, certainly proved that yellow fever could be kept out of New Orleans by rigid quarantine. If it can be kept out of New Orleans, it can be excluded from all of our ports.

Out of three hundred and forty-nine epidemics in the United States, the evidence is

complete of its importation in two hundred and eighty of them; of the remaining sixty-nine, probably little effort was made at the time to trace the importation from foreign port.

MONTGOMERY, ALA.

Correspondence.

My dear Dr. Yandell:

I was dismayed just now to find my name signed to a little paper in the MEDICAL NEWS of this date, which was intended to be entirely impersonal. The opinion expressed was of no value, except as the suggestion of a single point for consideration and inquiry. The mistake, I understand, came in this way: My friend Dr. Cowling, to whom the paper had been sent, handed it over to you, but forgot to give with it my private note. In that note I said, "As I am not an M. D., it would be impertinent in me to sign my name to the foregoing."

There was another little inaccuracy in your friendly note. My grandfather—not my father—was the friend and physician of General Washington. This relation began long before my father was born; at least as early as the French and Indian war of 1754, when they spent years together in the military service on the western frontier.

Since the former paper was written, the facts referred to as occurring in the immediate vicinity of the Nashville depot at Louisville are reported to have been almost exactly repeated, in a like limited area, adjoining the depot of the same road at Bowling Green. The coincidence would seem to deserve some attention.

Grateful for your very kind reception of my little offering, I am, very respectfully,

LOUISVILLE, Oct. 26, 1878. JAMES CRAIK.

THERE is an opening for a physician desiring a good city business. Bad health the reason for selling. Address "Physician," Eighteenth and Gallagher Sts., Louisville.

Miscellany.

ABSTRACT OF SANITARY REPORTS RECEIVED DURING THE PAST WEEK UNDER THE NA- TIONAL QUARANTINE ACT:

OFFICE SURGEON-GENERAL, U. S. M. H. S., }
WASHINGTON, October 26, 1878. }

New Orleans. During the week ended yesterday evening there were six hundred and ninety-nine cases of *yellow fever* and two hundred and twenty-nine deaths. Total cases, twelve thousand eight hundred and eighty-one; deaths, three thousand eight hundred and sixty-four.

Plaquemine, La. Total cases *yellow fever* to October 20th, eleven hundred and fifty-nine; total deaths, one hundred and twenty-five.

Baton Rouge, La. For the past week there were one hundred and seventy cases of *yellow fever* and fifteen deaths. Total cases, twenty-three hundred and forty; deaths, one hundred and forty-four.

Morgan City, La. Seven deaths from *yellow fever* during the past week. Total cases to date, five hundred and ten; deaths, ninety-four.

Port Hudson, La. Report to 20th October gives total cases of *yellow fever*, seventy-five; total deaths, ten, including four resident physicians. First case of the fever occurred September 9th; first death, September 13th.

Mobile, Ala. There were seventy-one new cases of *yellow fever* and seventeen deaths during the week ended yesterday evening. Total cases, one hundred and sixty-four; total deaths, forty-nine.

Ocean Springs, Miss. No deaths from *yellow fever* during the week ended at noon yesterday. There were eight new cases in Ocean Springs and nine cases in the country not previously reported. Total cases, one hundred and forty-five; deaths, twenty-nine.

Pass Christian, Miss. For the past week there were forty-four cases of *yellow fever* and five deaths. Total cases, one hundred and seventy; deaths, eighteen.

Water Valley, Miss. Total cases of *yellow fever* to yesterday evening, one hundred and forty-six; total deaths, sixty. Six new cases yesterday.

Port Gibson, Miss. The *yellow fever* has spread into the country. As near as could be ascertained, about thirty deaths occurred in the past week. The colored people in the country repel the friendly aid offered them, for fear of having the *yellow fever* brought to them by nurses, while they are dying from it without knowing that it is *yellow fever*.

Hudson, La. To October 13th there had been seventy-five cases of *yellow fever* and eighteen deaths.

Germantown, Tenn. The first case of *yellow fever* occurred August 20th; first case among the inhabitants, August 25th. Total cases to noon, October 16th, sixty five; deaths, thirty-six.

Memphis, Tenn. For the week ended the 24th inst. there were fifty deaths from *yellow fever*. Total deaths, twenty-nine hundred and forty-two.

Brownsville, Tenn. During the week ended yesterday evening there were sixteen deaths. Total cases, five hundred and sixty; deaths, one hundred and fifty-two.

Chattanooga, Tenn. For the past week there were eighty cases of *yellow fever* and twenty-three deaths. Of these, fifty-one cases and nine deaths were among colored people.

St. Louis, Mo. At quarantine during the past week, three residents were admitted and died of *yellow fever*. One patient previously reported also died of *yellow fever*.

Cairo, Ills. For the two weeks ended yesterday evening there were forty-four cases of *yellow fever*, and six doubtful cases. Deaths for the same period, sixteen. Total cases, seventy-five; deaths, forty-one.

Louisville, Ky. There were four new cases of *yellow fever* for the week ended yesterday evening, and seven deaths. Total cases, one hundred and thirty-one; deaths, sixty-one, including refugees.

Cincinnati, Ohio. No new cases of *yellow fever* during past three weeks; one death reported for the past week.

Decatur, Ala. During the week ended yesterday evening there were twenty-three new cases of *yellow fever* and thirteen deaths. Total cases, one hundred and seventy-eight; deaths, forty.

Biloxi, Miss. Up to October 17th there were two hundred and ninety-five cases of *yellow fever* and forty deaths.

Greenville, Miss. To noon October 11th there were three hundred and one deaths from *yellow fever*, twenty-one of which were in the country outside of Greenville.

No cases of *yellow fever* or deaths during the past week at *Port Eads, La., Southwest Pass, La., and Key West, Fla.*

Havana, Cuba. Twenty-three deaths from *yellow fever* and one from *small-pox* for the week ended October 19th.

Hernando, Miss. During the week ended yesterday evening there were thirty-two cases of *yellow fever* and seven deaths. Total cases, one hundred and sixty-five; deaths, sixty-three.

Deaths from four *preventable diseases* reported for the week ended October 19: *Enteric fever*—In Baltimore, five deaths; Boston, two; Brooklyn, two; Charleston, three; Cleveland, one; Philadelphia, nine; Richmond, one. *Typhus fever*—One death in Brooklyn. *Scarlet fever*—In Baltimore, six deaths; Brooklyn, five; Cincinnati, fourteen; Cleveland, two; Philadelphia, thirteen; Richmond, one. *Diphtheria*—In Baltimore, six deaths; Boston, fourteen; Brooklyn, fifteen; Charleston, two; Cleveland, thirteen; New Haven, five; Philadelphia, thirteen; Richmond, two.

Great Britain. During the week ended October 5th there were thirty-four hundred and nine deaths in twenty-three large cities of the United Kingdom. The mortality was at the average rate of twenty-one annually per thousand of the population. In Brighton the rate was fourteen, the lowest; in Liverpool, twenty-eight, the highest. In the same cities, not including Edinburgh, there occurred eleven deaths from *small-pox*, one hundred and sixty-one from *scarlet fever*, and thirty-three from *diphtheria*.

Paris, France. There were thirty deaths from *enteric fever* during the week ended October 3d. The annual rate of mortality per thousand of the population, based on weekly mortality, was 22.5.

No deaths from *cholera* in Calcutta for the week ended August 24th, and none in Bombay for the week ended September 3d.

No reports received from the following places where *yellow fever* exists: Vicksburg, Miss.; Holly Springs, Miss.; Canton, Miss.; Grenada, Miss.; Bay St. Louis, Miss.; Friar's Point, Miss.; Mississippi City, Miss.; Spring Hill, Miss.; Crystal Springs, Miss.; Hickman, Ky.; Grand Junction, Tenn.; Paris, Tenn.

JOHN M. WOODWORTH,
Surgeon-general U. S. Marine Hospital Service.

CIRCULAR LETTER to physicians and others in reference to the investigation of the yellow-fever epidemic of 1878:

OFFICE SURGEON-GENERAL, U. S. M. H. S., }
WASHINGTON, October 10, 1878. }

To Physicians and others residing in the cities and towns visited by the Yellow Fever:

Acting upon the advice of members of the American Public Health Association, the Surgeon-general of the Marine Hospital Service has organized a commission to gather and record all important facts relating to the commencement and spread of the present epidemic of yellow fever, with the view of establishing truths upon which the theory and practice of prevention of future epidemics may rest.

The gentlemen composing the commission—Prof. Bemiss, of New Orleans, Dr. Cochran, of Mobile, and Prof. Howard, of Baltimore—have already commenced their work in New Orleans, and will visit the principal places in which the yellow fever has prevailed.

The cordial co-operation of all who have facts to communicate bearing upon the subject under investigation is earnestly solicited for the commission.

A preliminary report of the facts gathered up to the 19th day of November next will be presented to the American Public Health Association, which will convene on that day in the city of Richmond to discuss the report, and to advise the best course to be pursued in concluding the labors of the commission.

It is not intended to terminate the investigation on the 19th of November, but it is desirable that those interested in public hygiene in all parts of our country should meet in council prior to the assembling of Congress, as it is generally believed that legisla-

tive action will be promptly taken in reference to preventing future epidemics. The agitation of the public mind upon this important subject is proper and commendable; but herein lies the peril of hasty or not fully matured legislation, and it is hoped that by the action proposed Congress may have the benefit of the advice of the representative men of sanitary science.

The invitation of the officers and executive committee of the American Public Health Association, extended for the Richmond meeting, is to "medical and sanitary authorities, and other citizens who seek to promote the public 'health.'" This will afford an opportunity for all who desire to advise in reference to the work in hand.

If the voluntary contributions of money for the expenses of the commission are sufficient, it is intended to add to the commission a sanitary engineer, a microscopist, and a meteorologist.

The first step in the investigation is, as already stated, an examination into the causes of the commencement and spread of the epidemic now being prosecuted by the commission.

The second step is the study of the natural history of the disease itself, which will be undertaken if the contributions of money warrant.

It is believed that the study of the treatment of the disease should not be added to the labors of the commission. The contributions of experience in this direction will doubtless be numerous, and may properly be left to the medical journals of the country and to individual reports.

Very respectfully,

JNO. M. WOODWORTH,

Surgeon-general U. S. Marine Hospital Service.

THE Fourth Annual Meeting of the Tri-State Medical Society (Indiana, Illinois, and Kentucky) will be held in Springfield, Ills., in the hall of the House of Representatives, on Wednesday, Thursday, and Friday, November 13th, 14th, and 15th, commencing at eleven o'clock A. M. *President*—Dr. J. F. Hibberd, Richmond, Ind.; *First Vice-president*—Dr. J. W. F. Gerrish, Seymour, Ind.; *Second Vice-president*—Dr. J. W. Singleton, Paducah, Ky.; *Third Vice-president*—Dr. H. C. Fairbrother, East St. Louis; *Secretary*—Dr. G. W. Burton, Mitchell, Ind.; *Treasurer*—Dr. F. W. Beard, Vincennes, Ind.

AUTOMATIC MOVEMENTS.—A contributor to the London Medical Record states that in the island of Java there exists among the

Malay race a number of individuals whose movements are beyond their control. Every action performed by their neighbor they must imitate; let any attitude be assumed, immediately they will throw themselves into a similar posture. If they are carrying a child and see any one pretend to drop any article, down falls the child out of their arms. The same would occur if carrying a bag of fragile articles. Advantage is often taken of this irresistible propensity to irritate, by practical jokers suddenly rushing and embracing some staid and sober friend, who at once finds himself, or herself, in a double embrace. The writer on one occasion called, with the newly-arrived Consular Chaplain of Batavia, upon one of the English residents, in whose service was one of these "Lata," as they are called in the Malay language. She answered the visitors' bell, and immediately performed a vigorous dance, with grotesque arm-movements, in response to those executed by the writer for the edification of his clerical friend, who looked on with feelings of unmixed surprise, and wished to know whether that was the usual custom of the country when making calls. Upon another occasion, practical advantage was taken of this singular condition of the nervous system in the female just alluded to. The doctor was asked to extract her tooth, a procedure to which she decidedly objected. Coaxing being of no avail, the doctor took a chair; the patient did the same; he moved it nearer her side; she at once moved hers, and at last they were seated close together; the doctor yawned deeply and shut his eyes, and so did the young woman; the former jumped up instantly and clapped on the forceps, and extracted the tooth before the patient had time to open her eyes, although afterward she opened them very widely.

ETHER VERSUS CHLOROFORM.—Chicago Medical Journal and Examiner: From the annual report of Prof. Bardeleben's clinic in Berlin, for the year 1876, we learn that death from chloroform occurred in that year

four times among twelve to fifteen hundred narcoses. In all four cases a small amount of chloroform was used when death occurred. These accidents, as well as an exceedingly large number of troublesome narcoses, caused the professor to abandon chloroform and to use chloral-chloroform and ether. All narcoses since have been free from complications.

THE INTERMEDICAL NOTE.—London Medical Record: The "Intermedical Note" is a stereotyped note, signed by a medical man and sent to another practitioner in the same town requesting him to attend a patient for him in his absence, and which brings the former under an obligation to return an equivalent. The nature of the "case," and "number of visits," with "initials" of substitute or *locum tenens* are marked on it, and particulars are supplied, when convenient, to the practitioner whose the case was originally. The introduction of the "Note" is designed to facilitate chiefly the getting of a sufficient holiday annually by every medical man, at no sacrifice to his interests, on the principle of mutual assistance, and without the necessity of making any special arrangement beforehand. A day, also, may be had at any time, without the anxiety inseparable from leaving home without having properly arranged about a substitute.

ACCIDENT IN THE TYROL.—During a recent mountain excursion near Bormio two young Berlin physicians—Dr. Sachs, assistant in Professor Dubois-Reymond's physical laboratory, and Dr. Salomon, assistant in Professor Frerich's wards—fell down a precipice. The former was killed; the latter escaped with a double fracture of the leg.

DEATH FROM HYDROPHOBIA.—Brit. Med. Jour., Sept. 21st: A reaper named O'Donnell, from County Donegal, Ireland, died at Denholm, on the 13th inst., of hydrophobia. He had been bitten by a dog in Ireland two months ago.

Selections.

Belladonna in Infantile Diseases.—Le Progrès Médical: In a clinical lecture delivered at the Hôpital des Enfants Malades, M. Jules Simon gave the following summary of the physiological action of belladonna. In some respects the action of belladonna is opposed to that of opium. Applied locally to a blistered surface of the skin, or to the mucous membranes, belladonna is irritating, as is shown by the action of a strong solution of atropin on the conjunctiva. Hence it has been placed among the acronarcotics. In small doses, by its action on the pharyngeal mucous membrane, it produces dryness, inability to speak clearly, and dysphagia, and in large doses it causes nausea, vomiting, and diarrhoea. At first the pulse is rendered slower and harder, but with a higher degree of action the pulse becomes full, strong, and frequent; the temperature rises a little; there is redness of the face, and brightness of the eyes, with mydriasis. The respiratory movements are rendered more active, and the bronchial secretion is diminished; hence its utility in humid asthma. In very large doses the respiration becomes gasping and convulsive. It is eliminated rapidly by the kidneys, and augments the urinary secretion. It diminishes the secretion of the sweat, and sometimes produces incomplete cutaneous anaesthesia. Its action on the skin in producing a scarlatina form of eruption, chiefly affecting the face, is well known, the exanthema disappears after a few hours without desquamation. Speaking generally, it appears at first to excite the vaso-constrictors, in consequence of which there is diminution of the secretions, retinal and cutaneous anaesthesia, and in part, perhaps, dilatation of the pupil. The blood-pressure and the urinary secretion are augmented. In large doses the vaso-motor nerves are paralyzed, and insomnia, agitation, and delirium occur. M. Simon gives it with success in hooping-cough and other nervous diseases.

Ergot in the Treatment of Megrim.—London Lancet: Dr. Schumacher thinks that the view of the nature of megrim which attributes it to an affection of the cervical sympathetic is the most plausible. Du Bois Reymond and Brunner, themselves subject to the disease, assume as its immediate cause a tetanic contraction of the cerebral vessels, due to an irritation of the vaso-motor nerves, whereas Möllendorf holds that it proceeds from dilatation of the vessels in consequence of a paralysis of those nerves. Both views seem correct, and there is, Dr. Schumacher believes, every reason to admit the existence of two forms of megrim, an angio-tetanic and angio-paralytic. The treatment must consequently vary according to the nature of the case, for while the

agnio-tetanic form of the disease would be relieved by nitrite of amyl, the angio-paralytic can be benefited only by such remedies as serve to contract the cerebral blood-vessels. Upon this ground Eulenburg recommended ergot of rye in the treatment of the latter form, and the favorable results obtained from the exhibition of that drug have been confirmed in America, England, and Germany. Dr. Schumacher gives the details of a case of angio-paralytic megrim in which, in an otherwise exhausted patient, severe pain usually came on after midnight, and in which soda, rhubarb, morphia, and caffein gave no permanent relief; but six grains of ergotine given every day at first, and subsequently increased to fifteen grains, was followed by abatement and then by complete relief. The remedy was continued for about a month. During that time the ergotine produced no disturbance of the general health, while the headache gradually subsided. She took seven drachms of ergotine in a very short time, and has ever since been free from any angio-paralytic symptoms.

Perfumed Iodoform.—New Remedies: Mr. G. N. Keyworth, at the Dublin Pharmaceutical Conference, described a method of preparing a perfumed iodoform. Since the recent publication in the British Medical Journal of the papers by Mr. Berkeley Hill and others on the therapeutical use of iodoform, this drug has come into considerably increased use. Its volatile and unpleasant odor has proved to be an obstacle, which some have endeavored to overcome by the use of a collodion film, others by the combination of tannin. Mr. Keyworth's perfumed solution is prepared by shaking tincture of iodine with a fragment of fused potash until the color is removed, and covering the odor of the iodoform produced by the addition of eau de Cologne or lavender-water. The author also speaks of lint that has been dipped in this liquid, and afterward dried, as being a very good application in indolent sores.

Treatment of Acne.—London Lancet: Dr. Jas. Cumming, of Edinburgh, after referring to the various forms of and the methods of treatment that have been adopted in acne, records the details of a severe case that occurred under his notice in a woman aged forty-one, of acne indurata. At first sight he felt he should be justified in employing what some might regard as the rather heroic treatment of scarring the papules previous to applying some lotion or ointment. But the mere mention of scratching the skin (as he mildly expressed it), so alarmed his patient that he resolved to commence with mild measures. Accordingly he directed to be well rubbed in with the finger, or a piece of flannel, each night an ointment consisting of milk of sulphur, glycerine, carbonate of potass, and benzoate ointment, of each

two drachms. She was to begin by applying this ointment to a small area on the right cheek about the size of a sixpence, and to take twenty drops of perchloride of iron thrice daily. He saw her again a few days later, when she bitterly complained of the pain caused by the ointment. For a short time the ointment was rather grateful than otherwise, but as soon as she approached the fire the smarting commenced, lasting for several hours. On close inspection the part appeared less inflamed and felt less indurated, so she was encouraged to persevere, with the hope that in the course of time a large extent of surface might clear up. He did not see her again for three weeks, when he was agreeably surprised to find a considerable portion of the right cheek presenting a normal appearance, circulating outward from the area first improved. The patient continuing the use of the remedy, a cure took place in ten weeks and no return had taken place in four years.

Good Effects of Ligation of the Thighs in Obstinate Epistaxis.—Gazette des Hôpitaux: M. Blondeau reports the case of a gouty subject who had an attack of epistaxis in which nearly two quarts of blood were lost, and which ceased only upon the occurrence of syncope. Eight days later a second attack occurred. Injections of cold water containing perchloride of iron were first tried in vain, and a ligature was then applied tightly to the middle of the thigh. The hemorrhage ceased almost immediately, but re-appeared on the following day shortly after the ligature had been removed. The ligature was again applied with equal success, but its removal was again followed by recurrence of the epistaxis. The treatment was persevered in, and finally, after several days, the hemorrhage ceased completely.

A New Poultice.—S. P. Sharples, in New Remedies: A few days ago I received a sample of water for analysis. The water was reported as being very useful in skin diseases. It had a slight smell of some organic compound in a state of decomposition, but on analysis proved to be remarkably pure; the total residue being only 2.03 grains in a U. S. gallon, and of this eighty-seven grains were organic. A few days after the owner of the spring brought me a bottle filled with a light-brownish substance, which he said was floating in the spring in such quantities that it had to be pushed to one side to get at the water. He said that the people about the spring used this scum as a poultice, and that it was very efficient. On examination this substance was found to be a mass of living diatoms, consisting mainly of *Coconema cistata*, with a few frustules of several other genera. I suppose the chief virtue of the application must be in the smell thereof, for after keeping a few hours in a warm place they do stink most fearfully.